

Basketball & Cheerleading Coach Application



In order to help you be the best coach possible, you will be **required** to attend one of the following training sessions: Nov 8; 4:30-6:00 or Nov 15; 3:30-5:00.

Name _____

Phone (H) _____ Phone (W) _____

Address _____

City _____ State _____ Zip _____

Email _____ Date of Birth _____

Church you Attend: _____

I am applying to coach: Basketball Cheerleading Wherever Needed

I would like to be: Head Coach Assistant No Preference

Shirt Size: S M L XL XXL XXXL

Do you have a child who MUST be on your team/ squad? Yes No

If yes, name & school grade: _____

Which School Grade(s) of children would you like to coach?

____ Any Grade ____K ____1st/2nd ____3rd/4th ____5th/6th ____7th/8th

Basketball Coaches Only: Which gender would you like to coach?

____Boys ____Girls ____No Preference

Please tell us which night(s), if any, you absolutely CANNOT commit to practice:

____Monday ____Tuesday ____Thursday ____Friday - **OR** - ____ **Any day is ok!**

Please tell us which time(s) you absolutely CANNOT commit to practicing:

(1st/2nd graders practice at 5:45pm – Older children have later practice times)

____5:45-6:45PM ____6:30-7:30PM ____7:30-8:30PM ____8:15-9:15PM -**OR-** ____ **Any time is ok!**

***If this is your first year coaching with PGBC's Upward Ministry - Please write out your personal testimony on the back side of this form telling us about your relationship with Christ and list the names and phone numbers of 3 personal references we may call.**

I understand that any negative personal habits that I have (smoking, alcohol, profanity, etc.) may have a negative affect on a child's spiritual development. Understanding that the children on my team have been placed under my guidance, I commit to setting a Christ-like behavioral example for them to look to.

Coach's Signature _____ Date _____